

Excellent quality and service

Avera McKennan sets the standard of “Always”

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Excellent quality and service is not “excellent” if it meets that standard usually or even most of the time. Leaders of Avera McKennan Hospital & University Health Center have long recognized that excellent quality and service must be provided for every patient by every staff member, in every encounter.

“‘Always’ is how we’re now describing this goal,” said Pam Hilber, Service Excellence and education manager at Avera McKennan.

Since 2005, Service Excellence has been one of two major hospital-wide initiatives at Avera McKennan, along with Process Excellence. The initiative touches all staff – from physicians, to nurses, technicians, housekeepers, valets, maintenance staff, admissions staff, and meal tray passers, to name a few.

For several years, Service Excellence success has been measured with the Press Ganey patient satisfaction survey.

On that survey, “Very Good” was the highest mark patients could give, and so “Very Good” was the goal as Avera McKennan units and departments have continually strived to reach the 90th percentile on 100-point scale.

That all changed as of July 1, 2011, when the Centers for Medicare & Medicaid Services (CMS) Value-Based Purchasing program went into effect. As of that date, government reimbursement will be based on how well hospitals do on quality measures and patient experience surveys.

It’s been coming for a number of years. The Deficit Reduction Act of 2005 authorized CMS to develop a plan to implement a pay-for-performance or Value-Based Purchasing (VBP) program for Medicare services provided by hospitals. It’s now being implemented for the first time.

Based on a “performance period” of July 1, 2011 through March 31, 2012,

the government will reduce discharge payments for Medicare patients by 1 percent to create a VBP “pool.” Whether Avera McKennan receives all, some or none of that withholding back will depend on its VBP score.

“Service Excellence has always been important to the hospital on a financial level, because excellent service creates customer loyalty and repeat business. But now, for the first time ever, government reimbursements are based on our performance,” Hilber said.

Quality measures

Value-based purchasing means that the government is looking for certain standards in the health care services it purchases for the people it insures, namely, Medicare beneficiaries. Two components go into a hospital’s VBP score: quality and service. Quality comprises 70 percent of the score, and service comprises 30 percent.

The quality score is based on 12 specific measures in the areas of acute myocardial infarction or heart attack, heart failure, pneumonia and surgical care.

“Meeting and exceeding government quality standards has been our goal for a number of years,” said Mary Leedom, director of Medical Support Services at Avera McKennan. “Yet health care reform is bringing it to a whole new level.”

In 2003, Avera McKennan was one of 260 early adopters in a CMS “Pay for-Performance” project. This program measured hospitals by 20 standardized and widely-accepted quality indicators, in the areas of heart attack, heart failure, pneumonia and the prevention of surgical infections.

Avera McKennan also participated in the CMS/Premier health care alliance Hospital Quality Incentive Demonstration (HQID) value-based purchasing project. This project

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— MARY LEEDOM, DIRECTOR OF MEDICAL SUPPORT SERVICES

measured quality based on measures in key clinical areas, including the treatment of acute myocardial infarction, heart failure, pneumonia, hip and knee replacement, and the Surgical Care Improvement Project (SCIP).

“We’ve done exceptionally well – hitting in the 90th percentile,” Leedom said. “Yet, every patient deserves to get the recommended treatment and if we want to be successful with value based purchasing, we need to make sure that happens 100% of the time.”

The HCAHPS survey

The HCAHPS patient perception survey provides the patient experience side of the VBP score. HCAHPS stands for Hospital Consumer Assessment of Healthcare Providers & Systems. The survey asks patients several questions about how often they perceive something is true, for example, “how often did nurses treat you with courtesy and respect?” or “how often was your pain well controlled?” Patients have the opportunity to answer “Never, Sometimes, Usually or Always.”

Eight key areas of the survey include communication with nurses, communication with doctors, responsiveness of the staff, pain management, information about medication, discharge, environment, and an overall rating.

“Very good has been our goal for a number of years. We are now becoming a culture of ‘always,’” Hilber said.

The federal government receives survey results from a sampling of patients from six inpatient units, including 1East, 1West, Neuroscience Unit, 2 West, Women’s Center and 3East. Patients from all other units, including outpatients, may be asked to take a phone survey with questions that are very similar to the HCAHPS survey. These results are used by Avera McKennan to improve Service Excellence throughout the hospital. HealthStream is Avera’s vendor for both HCAHPS and the general patient survey.

“For both surveys, the answer we’re looking for is ‘always,’” Hilber said. “‘Always’ is the only answer that counts in the final HCAHPS score. We need to hit the ‘always’ mark 100 percent of the

What does ‘Always’ mean?



Avera McKennan employees are reaching toward a set of “Always” goals that will not only help produce good scores on patient experience surveys and quality measures. They help ensure every staff member does the right thing for every patient, every time, so the every patient experiences excellent quality of care and service.

- I will always treat you with courtesy and respect
- I will always listen to your questions and concerns
- I will always explain things in a way you can understand
- I will always respond as quickly as I can to your call light
- I will always do everything I can to help with your pain control
- I will always tell you what medicine I’m giving you, and what it is for
- I will always explain any side effects of a new medication
- I will always make sure your surroundings are clean
- I will always make sure the environment around your room is quiet at night
- I will always work toward a successful discharge plan for you

time – usually or sometimes is not good enough.”

Always

Avera McKennan has placed “Always” signs at a number of locations throughout the hospital, such as hallways, waiting rooms and patient rooms. Letters explaining Service Excellence expectations are placed in packets that patients receive at admission and discharge. These are reminders for both staff and patients.

“We want our patients to know we are working very hard to achieve ‘Always.’ We want to know as quickly as possible if

we’re not meeting the standard, so we can take quick action to fix the problem. We want our patients to hold us accountable to ‘always’ do the right thing,” Hilber said.

For staff, the simple message of ‘Always’ is meant to remind them of the ‘always’ goals that the hospital is striving to achieve. “Avera McKennan has a tremendous team of 5,600 employees. It’s a big team, but it’s a team that is known to pull together and work toward solutions. Always is not a goal that’s out of reach. It’s one that we can and we will achieve,” Hilber said.

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– PAM HILBER, SERVICE EXCELLENCE AND EDUCATION MANAGER

we will...
ALWAYS
listen carefully to you



Quality Measures

The quality portion of the VBP score is based on 12 measures identified by the Centers for Medicare & Medicaid Services (CMS).

Acute Myocardial Infarction

- Fibrinolytic therapy received within 30 minutes of hospital arrival
- Primary PCI received within 90 minutes of hospital arrival

Heart Failure

- Discharge instructions

Pneumonia

- Blood cultures performed in the Emergency Department prior to initial antibiotic received in hospital
- Initial antibiotic selection for CAP in immunocompetent patient

Surgical Care

- Prophylactic antibiotic received within one hour prior to surgical incision
 - Prophylactic antibiotic selection for surgical patients
 - Prophylactic antibiotics discontinued within 24 hours after surgery end time
 - Cardiac surgery patients with controlled 6AM postoperative serum glucose
 - Surgery patients on a beta blocker prior to arrival that received a beta blocker during the perioperative period
- Surgery patients with recommended Venous Thromboembolism Prophylaxis ordered
 - Surgery patients who received appropriate Venous Thromboembolism Prophylaxis within 24 hours prior to surgery to 24 hours after surgery

